



TRANSMITTAL FORM

(to be used for all correspondence after
initial filing)

	Application Number	
		08/386,219 now US Pat. 5,624,376 09/175,199 now US Pat. 6,190,305 08/526,129 now US Pat. 5,949,895 09/105,535 08/582,301 now US Pat. 5,800,336 08/723,855 now US Pat. 5,795,287 09/231,851 now US Pat. 6,475,134 10/286,070 09/145,374 now US Pat. 6,139,488
Total Number of Pages in This Submission	19	Attorney Docket Number 016828-000220US, 016828-000222US, 016828-000600US, 016828-000810US, 016828-001000US, 016828-001600US, 016828-001910US, 016828-001920US, 016828-002010US, 016828-002200US, 016828-002220US, 016828-002230US, 016828-002500US, 016828-001900US, 016828-001700US, 016828-000800US, 016828-000221US, 016828-001500US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP James M. Heslin	Reg. No. 29,541
Signature		
Date	January 16, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Edward Masinas
Signature	
	Date
	January 20, 2004